2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90079 001 ***150.00
01-30-2008 90079 002 *****8.75

DOCUMENT # P05000132217

1. Entity Name
LOS PEREZ CO., INC.

66000488

Principal Place of Business	Mailing Address
4538 W KNOX STREET TAMPA, FL 33614	4538 W KNOX STREET TAMPA, FL 33614

01252008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2531 W. Minnehaha St		2531 W. Minnehaha St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Tampa, FL		City & State: Tampa, FL	
Zip: 33614	Country: USA	Zip: 33614	Country: USA

4. FEI Number: 56-2536252 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, EDUARDO
4538 W KNOX STREET
TAMPA, FL 33614

7. Name and Address of New Registered Agent

Name: Noel Perez
Street Address (P.O. Box Number is Not Acceptable): 2531 W. Minnehaha St
City: Tampa FL Zip Code: 33614

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] NOEL PEREZ 1/25/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	PEREZ, EDUARDO		NAME		
STREET ADDRESS	4538 W KNOX STREET		STREET ADDRESS	2531 W. Minnehaha St	
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP	Tampa, FL 33614	
TITLE	VPS	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	PEREZ, NOEL		NAME		
STREET ADDRESS	4538 W KNOX STREET		STREET ADDRESS	2531 W. Minnehaha St	
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP	Tampa, FL 33614	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] NOEL PEREZ 1/25/08 (813) 299-7047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #